

# **276/277 Health Care Claim Status Request and Notification**

**HIPAA/V4010X093A1/276: 276 Health Care Claim Status Request  
HIPAA/V4010X093A1/277: 277 Health Care Claim Status Notification**

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

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## **Nebraska Medicaid Companion Guide Version: 1.02**

## **Preface:**

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when data is transmitted electronically to Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

## Introduction:

This Companion Guide contains the format and establishes the data contents of the Health Care Claim Status Request (276) and the Health Care Claim Status Notification (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to determine the status of claims submitted to Nebraska Medicaid.

This paired Companion Guide governs electronic inquiry to request claim status (276) and electronic notification of claim status (277).

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

1. Required Segments – No directive.
2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive – “Required by NE Medicaid when applicable as specified in the Implementation Guide”.
3. Situational segments always required by NE Medicaid will be accompanied by the following directive – “Required by NE Medicaid”.
4. Situational segments required by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive – “Required by NE Medicaid when {specific instance}”.

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

1. When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will indicate the value to use.
2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive will indicate which qualifiers are used and when they are allowed.
3. When a specific qualifier is not used by NE Medicaid, a Nebraska Medicaid Directive will indicate not used.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 997 will be used to convey the rejection and associated reason.

### Data Submission Criteria

Nebraska Medicaid uses the following separators:

*	(asterisk) for element separator	ASCII 042
^	(carrot) for sub-element separator	ASCII 094
~	(tilde) for Segment terminator	ASCII 126
	(vertical bar) for repeat character	ASCII 124

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at <http://www.hhs.state.ne.us/med/medindex.htm>

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 471-9461 (Lincoln Area) or via e-mail at [medicaid.edi@hhs.state.ne.us](mailto:medicaid.edi@hhs.state.ne.us).

## Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

### Changes in Version 1.02:

- Page 3 – Revision: Introduction – Data Submission Criteria has been added. (Version 1.01, page 3)
- Page 15 – Revision: Loop 2100B – NM108 – Information Receiver Name – Identification Code Qualifier segment, Nebraska Medicaid Directive changed to "Use code "46"." (Version 1.01, page 15)
- Page 15 – Revision: Loop 2100B – NM109 – Information Receiver Name – Identification Code segment, changed to add, "Nebraska Medicaid Directive: This is your four-digit submitter identification number." (Version 1.01, page 15)
- Page 45 – Revision: Loop 2100B – NM108 – Information Receiver Name – Identification Code Qualifier segment, Nebraska Medicaid Directive changed to ""46" is used." (Version 1.01, page 45)
- Page 45 – Revision: Loop 2100B – NM109 – Information Receiver Name – Identification Code segment, changed to add, "Nebraska Medicaid Directive: This is your four-digit submitter identification number." (Version 1.01, page 45)

## 276

## Health Care Claim Status Request

Functional Group=HR

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

## Transaction Summary:

If "NE Medicaid Usage" says:	Required	Required by Implementation Guide.
	Used	Used by NE Medicaid, see specific requirements in Implementation Guide or in NE Medicaid Directive.
	Not Used	Not used or retained.

## Heading:

Pos	ID	Segment Name	Max Use	Repeat	NE Medicaid Usage
010	ST	Transaction Set Header	1		Required
020	BHT	Beginning of Hierarchical Transaction	1		Required

## Detail:

Pos	ID	Segment Name	Max Use	Repeat	NE Medicaid Usage
<b>LOOP ID - 2000A</b>					
010	HL	Information Source Level	1	≥1	Required
<b>LOOP ID - 2100A</b>					
050	NM1	Payer Name	1	≥1	Required
080	PER	Payer Contact Information	1		Not Used
<b>LOOP ID - 2000B</b>					
010	HL	Information Receiver Level	1	≥1	Required
<b>LOOP ID - 2100B</b>					
050	NM1	Information Receiver Name	1	≥1	Required
<b>LOOP ID - 2000C</b>					
010	HL	Service Provider Level	1	≥1	Required
<b>LOOP ID - 2100C</b>					
050	NM1	Provider Name	1	≥1	Required
<b>LOOP ID - 2000D</b>					
010	HL	Subscriber Level	1	≥1	Required
040	DMG	Subscriber Demographic Information	1		Used
<b>LOOP ID - 2100D</b>					
050	NM1	Subscriber Name	1	1	Required
<b>LOOP ID - 2200D</b>					
090	TRN	Claim Submitter Trace Number	1	≥1	Required
100	REF	Payer Claim Identification Number	1		Used
100	REF	Institutional Bill Type Identification	1		Used
100	REF	Medical Record Identification	1		Used
100	REF	Group Number	1		Not Used
110	AMT	Claim Submitted Charges	1		Required
120	DTP	Claim Service Date	1		Used
<b>LOOP ID - 2210D</b>					

130	SVC	Service Line Information	1	Used	
140	REF	Service Line Item Identification	1	Used	
150	DTP	Service Line Date	1	Required	
<b>LOOP ID - 2000E</b>			<b>≥1</b>		
010	HL	Dependent Level		Not Used	
040	DMG	Dependent Demographic Information		Not Used	
<b>LOOP ID - 2100E</b>			<b>1</b>	Not Used	
050	NM1	Dependent Name		Not Used	
<b>LOOP ID - 2200E</b>			<b>≥1</b>	Not Used	
090	TRN	Claim Submitter Trace Number		Not Used	
100	REF	Payer Claim Identification Number		Not Used	
100	REF	Institution Bill Type Identification		Not Used	
100	REF	Medical Record Identification		Not Used	
110	AMT	Claim Submitter Charges		Not Used	
120	DTP	Claim Service Date		Not Used	
<b>LOOP ID - 2210E</b>			<b>≥1</b>	Not Used	
130	SVC	Service Line Information		Not Used	
140	REF	Service Line Item Identification		Not Used	
150	DTP	Service Line Date		Not Used	
160	SE	Transaction Set Trailer	1	Required	

**Not Defined:**

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

## ISA

## Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

## Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	<b>Authorization Information Qualifier</b> <b>Description:</b> Code to identify the type of information in the Authorization Information <b>Code</b> <b>Name</b> 00      No Authorization Information Present (No Meaningful Information in I02) 03      Additional Data Identification	M	ID	2/2	Required
ISA02	I02	<b>Authorization Information</b> <b>Description:</b> Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M	AN	10/10	Required
ISA03	I03	<b>Security Information Qualifier</b> <b>Description:</b> Code to identify the type of information in the Security Information <b>Code</b> <b>Name</b> 00      No Security Information Present (No Meaningful Information in I04) 01      Password	M	ID	2/2	Required
ISA04	I04	<b>Security Information</b> <b>Description:</b> This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M	AN	10/10	Required
ISA05	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified <b>Industry:</b> <i>This ID qualifies the Sender in ISA06.</i> <b>Nebraska Medicaid Directive:</b> <i>Use code identified on Trading Partner Profile.</i> <b>Code</b> <b>Name</b> 01      Duns (Dun & Bradstreet) 14      Duns Plus Suffix 20      Health Industry Number (HIN) 27      Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28      Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29      Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30      U.S. Federal Tax Identification Number 33      National Association of Insurance Commissioners Company Code (NAIC) ZZ      Mutually Defined	M	ID	2/2	Required
ISA06	I06	<b>Interchange Sender ID</b> <b>Description:</b> Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element <b>Nebraska Medicaid Directive:</b> <i>Use code identified on Trading Partner Profile.</i>	M	AN	15/15	Required
ISA07	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Qualifier to designate the	M	ID	2/2	Required

system/method of code structure used to designate the sender or receiver ID element being qualified

**Industry:** *This ID qualifies the Receiver in ISA08.*

**Nebraska Medicaid Directive:** *Use code "ZZ".*

**Code**

**Name**

ZZ Mutually Defined

ISA08	I07	<b>Interchange Receiver ID</b>	M	AN	15/15	Required
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**Description:** Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

**Nebraska Medicaid Directive:** *Use "MMISNEBR".*

ISA09	I08	<b>Interchange Date</b>	M	DT	6/6	Required
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**Description:** Date of the interchange

**Industry:** *The date format is YYMMDD.*

ISA10	I09	<b>Interchange Time</b>	M	TM	4/4	Required
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**Description:** Time of the interchange

**Industry:** *The time format is HHMM.*

ISA11	I10	<b>Interchange Control Standards Identifier</b>	M	ID	1/1	Required
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**Description:** Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer

**All valid standard codes are used.**

ISA12	I11	<b>Interchange Control Version Number</b>	M	ID	5/5	Required
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**Description:** Code specifying the version number of the interchange control segments

**Nebraska Medicaid Directive:** *Use "00401".*

**Code**

**Name**

00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997

ISA13	I12	<b>Interchange Control Number</b>	M	N0	9/9	Required
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**Description:** A control number assigned by the interchange sender

**Industry:** *The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.*

ISA14	I13	<b>Acknowledgment Requested</b>	M	ID	1/1	Required
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**Description:** Code sent by the sender to request an interchange acknowledgment (TA1)

**All valid standard codes are used.**

ISA15	I14	<b>Usage Indicator</b>	M	ID	1/1	Required
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**Description:** Code to indicate whether data enclosed by this interchange envelope is test, production or information

**Code**

**Name**

P Production Data

T Test Data

ISA16	I15	<b>Component Element Separator</b>	M		1/1	Required
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**Description:** Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator



**GS****Functional Group Header**

Loop: N/A

Elements: 8

**User Option (Usage):** Required

To indicate the beginning of a functional group and to provide control information

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	<b>Functional Identifier Code</b> <b>Description:</b> Code identifying a group of application related transaction sets <b>Nebraska Medicaid Directive:</b> Use "HR".	M	ID	2/2	Required
		<b>Code</b> <b>Name</b> HR      Health Care Claim Status Request (276)				
GS02	142	<b>Application Sender's Code</b> <b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners <b>Nebraska Medicaid Directive:</b> This value cannot be "MMISNEBR". Use value identified on Trading Partner Profile.	M	AN	2/15	Required
GS03	124	<b>Application Receiver's Code</b> <b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners <b>Nebraska Medicaid Directive:</b> Use "MMISNEBR".	M	AN	2/15	Required
GS04	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD	M	DT	8/8	Required
GS05	337	<b>Time</b> <b>Description:</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	M	TM	4/8	Required
GS06	28	<b>Group Control Number</b> <b>Description:</b> Assigned number originated and maintained by the sender	M	N0	1/9	Required
GS07	455	<b>Responsible Agency Code</b> <b>Description:</b> Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480	M	ID	1/2	Required
		<b>Code</b> <b>Name</b> X      Accredited Standards Committee X12				
GS08	480	<b>Version / Release / Industry Identifier Code</b> <b>Description:</b> Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed	M	AN	1/12	Required
		<b>Code</b> <b>Name</b> 004010X098A1      Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				

**ST****Transaction Set Header**

Loop: N/A

Elements: 2

**User Option (Usage):** Required

To indicate the start of a transaction set and to assign a control number

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	<b>Transaction Set Identifier Code</b> <b>Description:</b> Code uniquely identifying a Transaction Set	M	ID	3/3	Required
		<b>Code</b> <b>Name</b>				
		276                      Health Care Claim Status Request				
ST02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

# BHT Beginning of Hierarchical Transaction

Loop: N/A

Elements: 3

**User Option (Usage):** Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

## Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT01	1005	<b>Hierarchical Structure Code</b> <b>Description:</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	M	ID	4/4	Required
		<u>Code</u> <u>Name</u>				
		0010      Information Source, Information Receiver, Provider of Service, Subscriber, Dependent				
BHT02	353	<b>Transaction Set Purpose Code</b> <b>Description:</b> Code identifying purpose of transaction set	M	ID	2/2	Required
		<u>Code</u> <u>Name</u>				
		13      Request				
BHT04	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> <i>Transaction Set Creation Date</i>	O	DT	8/8	Required

**HL****Information Source Level**

Loop: 2000A

Elements: 3

**User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

**Element Summary:**

Ref	ID	Element Name	Req	Type	Min/Max	Usage				
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required				
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required				
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>20</td><td>Information Source</td></tr></table>	<u>Code</u>	<u>Name</u>	20	Information Source				
<u>Code</u>	<u>Name</u>									
20	Information Source									
HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required				
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.				
<u>Code</u>	<u>Name</u>									
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.									

**NM1****Payer Name**

Loop: 2100A

Elements: 5

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Code</b> <b>Name</b> PR              Payer	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 2              Non-Person Entity	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name	O	AN	1/35	Required
NM108	66	<b>Industry:</b> <i>Payer Name</i> <b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Nebraska Medicaid Directive:</b> <i>Use code "PI".</i> <b>Code</b> <b>Name</b> PI              Payor Identification	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Payer Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>Use "NEMEDICAID".</i>	C	AN	2/80	Required

**HL****Information Receiver Level**

Loop: 2000B

Elements: 4

**User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	<b>Code</b> <b>Name</b> 21                      Information Receiver	O	ID	1/1	Required
		<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described				
		<b>Code</b> <b>Name</b> 1                      Additional Subordinate HL Data Segment in This Hierarchical Structure.				

**NM1****Information Receiver Name**

Loop: 2100B

Elements: 8

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Code</b> <b>Name</b> 41      Submitter	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 1      Person 2      Non-Person Entity	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> <i>Information Receiver Last or Organization Name</i>	O	AN	1/35	Required
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> <i>Information Receiver First Name</i>	O	AN	1/25	Situational
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> <i>Information Receiver Middle Name</i>	O	AN	1/25	Situational
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> <i>Information Receiver Name Suffix</i>	O	AN	1/10	Situational
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Nebraska Medicaid Directive:</b> <i>Use code "46".</i> <b>Code</b> <b>Name</b> FI      Federal Taxpayer's Identification Number	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Information Receiver Identification Number</i> <b>Nebraska Medicaid Directive:</b> <i>This is your four-digit submitter identification number.</i>	C	AN	2/80	Required

**HL****Service Provider Level**

Loop: 2000C

Elements: 4

**User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	<b>Code</b> 19	O	ID	1/1	Required
		<b>Name</b> Provider of Service				
		<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described				
		<b>Code</b> 1				
		<b>Name</b> Additional Subordinate HL Data Segment in This Hierarchical Structure.				



# NM1

## Provider Name

Loop: 2100C

Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

### Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Code</b> <b>Name</b> 1P      Provider	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 1      Person 2      Non-Person Entity	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> <i>Provider Last or Organization Name</i>	O	AN	1/35	Required
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> <i>Provider First Name</i>	O	AN	1/25	Situational
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> <i>Provider Middle Name</i>	O	AN	1/25	Situational
NM106	1038	<b>Name Prefix</b> <b>Description:</b> Prefix to individual name <b>Industry:</b> <i>Provider Name Prefix</i>	O	AN	1/10	Situational
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> <i>Provider Name Suffix</i>	O	AN	1/10	Situational
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Nebraska Medicaid Directive:</b> <i>Use "SV".</i> <b>Code</b> <b>Name</b> SV      Service Provider Number	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Provider Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>This must be the 11-digit NE Medicaid Provider ID number assigned by the State of Nebraska.</i>	C	AN	2/80	Required

**HL****Subscriber Level**

Loop: 2000D

Elements: 4

**User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described <b>Nebraska Medicaid Directive:</b> Use "0" since dependent claim level segments will not be provided.	O	ID	1/1	Required
		<b>Code</b> <b>Name</b> 22      Subscriber				
		<b>Code</b> <b>Name</b> 0      No Subordinate HL Segment in This Hierarchical Structure.				

# DMG Subscriber Demographic Information

Loop: 2000D

Elements: 3

**User Option (Usage):** Situational

To supply demographic information

**Nebraska Medicaid Directive:***Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>Code</b> <b>Name</b> D8      Date Expressed in Format CCYYMMDD	C	ID	2/3	Required
DMG02	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> <i>Subscriber Birth Date</i> <b>Nebraska Medicaid Directive:</b> <i>Nebraska Medicaid will not perform any validation using the supplied subscriber birth date.</i>	C	AN	1/35	Required
DMG03	1068	<b>Gender Code</b> <b>Description:</b> Code indicating the sex of the individual <b>Industry:</b> <i>Subscriber Gender Code</i> <b>Nebraska Medicaid Directive:</b> <i>Nebraska Medicaid will accept F (Female), M (Male), and U (Unborn). Nebraska Medicaid will not perform any validation using the supplied subscriber birth date.</i> <b>Code</b> <b>Name</b> F      Female M      Male U      Unknown	O	ID	1/1	Required

**NM1****Subscriber Name**

Loop: 2100D

Elements: 9

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

**Element Summary:**

Element Summary:										
Ref	ID	Element Name	Req	Type	Min/Max	Usage				
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Nebraska Medicaid Directive:</b> Use "QC".	M	ID	2/3	Required				
		<table><tr><td><u>Code</u></td><td><u>Name</u></td></tr><tr><td>QC</td><td>Patient</td></tr></table>	<u>Code</u>	<u>Name</u>	QC	Patient				
<u>Code</u>	<u>Name</u>									
QC	Patient									
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Nebraska Medicaid Directive:</b> Use "1".	M	ID	1/1	Required				
		<table><tr><td><u>Code</u></td><td><u>Name</u></td></tr><tr><td>1</td><td>Person</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Person				
<u>Code</u>	<u>Name</u>									
1	Person									
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> <i>Subscriber Last Name</i>	O	AN	1/35	Required				
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> <i>Subscriber First Name</i>	O	AN	1/25	Situational				
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> <i>Subscriber Middle Name</i>	O	AN	1/25	Situational				
NM106	1038	<b>Name Prefix</b> <b>Description:</b> Prefix to individual name <b>Industry:</b> <i>Subscriber Name Prefix</i>	O	AN	1/10	Situational				
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> <i>Subscriber Name Suffix</i>	O	AN	1/10	Situational				
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Nebraska Medicaid Directive:</b> Use "MI".	C	ID	1/2	Required				
		<table><tr><td><u>Code</u></td><td><u>Name</u></td></tr><tr><td>MI</td><td>Member Identification Number</td></tr></table>	<u>Code</u>	<u>Name</u>	MI	Member Identification Number				
<u>Code</u>	<u>Name</u>									
MI	Member Identification Number									
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Subscriber Identifier</i> <b>Nebraska Medicaid Directive:</b> Use the 11-digit Nebraska Medicaid assigned Recipient ID number.	C	AN	2/80	Required				

# TRN Claim Submitter Trace Number

Loop: 2200D

Elements: 2

**User Option (Usage):** Required

To uniquely identify a transaction to an application

## Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN01	481	<b>Trace Type Code</b> <b>Description:</b> Code identifying which transaction is being referenced	M	ID	1/2	Required
		<b>Code</b> <b>Name</b>				
		1      Current Transaction Trace Numbers				
TRN02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required
		<b>Industry:</b> <i>Trace Number</i>				

**REF****Payer Claim Identification  
Number**

Loop: 2200D

Elements: 2

**User Option (Usage):** Situational

To specify identifying information

**Nebraska Medicaid Directive:***Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> 1K      Payor's Claim Number				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Payer Claim Control Number</i> <b>Nebraska Medicaid Directive:</b> <i>Use the NE Medicaid Claim Number.</i>	C	AN	1/30	Required

# REF Institutional Bill Type Identification

Loop: 2200D

Elements: 2

**User Option (Usage):** Situational

To specify identifying information

**Nebraska Medicaid Directive:***Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> BLT      Billing Type				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Bill Type Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>The Bill Type Identifier should only be supplied for Institutional claims.</i>	C	AN	1/30	Required

# REF Medical Record Identification

Loop: 2200D

Elements: 2

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

### Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b>				
		EA      Medical Record Identification Number				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		<b>Industry:</b> <i>Medical Record Number</i>				
		<b>Nebraska Medicaid Directive:</b> <i>Nebraska Medicaid will allow the prescription number to be supplied in the Medical Record Number field for Drug Claims.</i>				



# AMT Claim Submitted Charges

Loop: 2200D

Elements: 2

User Option (Usage): Required

To indicate the total monetary amount

## Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	<b>Amount Qualifier Code</b> <b>Description:</b> Code to qualify amount <b>Code</b> <b>Name</b> T3                      Total Submitted Charges	M	ID	1/3	Required
AMT02	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Total Claim Charge Amount</i> <b>Nebraska Medicaid Directive:</b> <i>Total Claim Charge Amount is the amount from the originally submitted claim.</i>	M	R	1/18	Required

# DTP Claim Service Date

Loop: 2200D

Elements: 3

**User Option (Usage):** Situational

To specify any or all of a date, a time, or a time period

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

### Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> <i>Date Time Qualifier</i>	M	ID	3/3	Required
DTP02	1250	<b>Code</b> <b>Name</b> 232      Claim Statement Period Start <b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
DTP03	1251	<b>Code</b> <b>Name</b> RD8      Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD <b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> <i>Claim Service Period</i>	M	AN	1/35	Required

# SVC Service Line Information

Loop: 2210D

Elements: 4

User Option (Usage): Situational

To supply payment and control information to a provider for a particular service

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage																		
SVC01	C003	<b>Composite Medical Procedure Identifier</b> <b>Description:</b> To identify a medical procedure by its standardized codes and applicable modifiers <b>Industry:</b> <i>Product or Service ID Qualifier</i> <b>Nebraska Medicaid Directive:</b> <i>Nebraska Medicaid will only process using the following codes: AD, HC, N1, N2, N3, N4, ND, NU</i>	M	Comp		Required																		
	235	<b>Product/Service ID Qualifier</b> <b>Description:</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234) <table><tr><th>Code</th><th>Name</th></tr><tr><td>AD</td><td>American Dental Association Codes</td></tr><tr><td>HC</td><td>Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</td></tr><tr><td>N1</td><td>National Drug Code in 4-4-2 Format</td></tr><tr><td>N2</td><td>National Drug Code in 5-3-2 Format</td></tr><tr><td>N3</td><td>National Drug Code in 5-4-1 Format</td></tr><tr><td>N4</td><td>National Drug Code in 5-4-2 Format</td></tr><tr><td>ND</td><td>National Drug Code (NDC)</td></tr><tr><td>NU</td><td>National Uniform Billing Committee (NUBC) UB92 Codes</td></tr></table>	Code	Name	AD	American Dental Association Codes	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	N1	National Drug Code in 4-4-2 Format	N2	National Drug Code in 5-3-2 Format	N3	National Drug Code in 5-4-1 Format	N4	National Drug Code in 5-4-2 Format	ND	National Drug Code (NDC)	NU	National Uniform Billing Committee (NUBC) UB92 Codes	M	ID	2/2	Required
Code	Name																							
AD	American Dental Association Codes																							
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes																							
N1	National Drug Code in 4-4-2 Format																							
N2	National Drug Code in 5-3-2 Format																							
N3	National Drug Code in 5-4-1 Format																							
N4	National Drug Code in 5-4-2 Format																							
ND	National Drug Code (NDC)																							
NU	National Uniform Billing Committee (NUBC) UB92 Codes																							
	234	<b>Product/Service ID</b> <b>Description:</b> Identifying number for a product or service <b>Industry:</b> <i>Service Identification Code</i> <b>ExternalCodeList</b> <b>Name:</b> 130 <b>Description:</b> Health Care Financing Administration Common Procedural Coding System <b>ExternalCodeList</b> <b>Name:</b> 132 <b>Description:</b> National Uniform Billing Committee (NUBC) Codes <b>ExternalCodeList</b> <b>Name:</b> 134 <b>Description:</b> National Drug Code <b>ExternalCodeList</b> <b>Name:</b> 135 <b>Description:</b> American Dental Association Codes <b>ExternalCodeList</b> <b>Name:</b> 240 <b>Description:</b> National Drug Code by Format	M	AN	1/48	Required																		
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational																		
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational																		

	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
SVC02	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> <i>Line Item Charge Amount</i>	M	R	1/18	Required
SVC04	234	<b>Product/Service ID</b> <b>Description:</b> Identifying number for a product or service <b>Industry:</b> <i>Revenue Code</i> <b>ExternalCodeList</b> <b>Name:</b> 132 <b>Description:</b> National Uniform Billing Committee (NUBC) Codes	O	AN	1/48	Situational
SVC07	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Original Units of Service Count</i>	O	R	1/15	Situational

# REF Service Line Item Identification

Loop: 2210D

Elements: 2

User Option (Usage): Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

### Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> FJ      Line Item Control Number				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Line Item Control Number</i> <b>Nebraska Medicaid Directive:</b> <i>Line Item Control Number should be the claim line number assigned by NE Medicaid.</i>	C	AN	1/30	Required

**DTP****Service Line Date**

Loop: 2210D

Elements: 3

**User Option (Usage):** Required

To specify any or all of a date, a time, or a time period

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> <i>Date Time Qualifier</i>	M	ID	3/3	Required
		<b>Code</b> <b>Name</b> 472      Service				
DTP02	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>Code</b> <b>Name</b> RD8      Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	M	ID	2/3	Required
DTP03	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> <i>Service Line Date</i>	M	AN	1/35	Required

**SE****Transaction Set Trailer**

Loop: N/A

Elements: 2

**User Option (Usage):** Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	<b>Number of Included Segments</b> <b>Description:</b> Total number of segments included in a transaction set including ST and SE segments <b>Industry:</b> <i>Transaction Segment Count</i>	M	N0	1/10	Required
SE02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

**GE****Functional Group Trailer**

Loop: N/A

Elements: 2

**User Option (Usage):** Required

To indicate the end of a functional group and to provide control information

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	<b>Number of Transaction Sets Included</b> <b>Description:</b> Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	<b>Group Control Number</b> <b>Description:</b> Assigned number originated and maintained by the sender	M	N0	1/9	Required



**IEA****Interchange Control Trailer**

Loop: N/A

Elements: 2

**User Option (Usage):** Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	<b>Number of Included Functional Groups</b> <b>Description:</b> A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	<b>Interchange Control Number</b> <b>Description:</b> A control number assigned by the interchange sender	M	N0	9/9	Required

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## Health Care Claim Status Notification

Functional Group=HN

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

## Transaction Summary:

If "NE Medicaid Usage" says:	Required	Required by Implementation Guide.
	Used	Used by NE Medicaid, see specific requirements in Implementation Guide or in NE Medicaid Directive.
	Not Used	Not used or retained.

## Heading:

Pos	ID	Segment Name	Max Use	Repeat	NE Medicaid Usage
010	ST	Transaction Set Header	1		Required
020	BHT	Beginning of Hierarchical Transaction	1		Required

## Detail:

Pos	ID	Segment Name	Max Use	Repeat	NE Medicaid Usage
<b>LOOP ID - 2000A</b>					
010	HL	Information Source Level	1	≥1	Required
<b>LOOP ID - 2100A</b>					
050	NM1	Payer Name	1	≥1	Required
080	PER	Payer Contact Information	1		Used
<b>LOOP ID - 2000B</b>					
010	HL	Information Receiver Level	1	≥1	Required
<b>LOOP ID - 2100B</b>					
050	NM1	Information Receiver Name	1	≥1	Required
<b>LOOP ID - 2000C</b>					
010	HL	Service Provider Level	1	≥1	Required
<b>LOOP ID - 2100C</b>					
050	NM1	Provider Name	1	≥1	Required
<b>LOOP ID - 2000D</b>					
010	HL	Subscriber Level	1	≥1	Required
040	DMG	Subscriber Demographic Information	1		Used
<b>LOOP ID - 2100D</b>					
050	NM1	Subscriber Name	1	1	Required
<b>LOOP ID - 2200D</b>					
090	TRN	Claim Submitter Trace Number	1	≥1	Used
100	STC	Claim Level Status Information	1		Required
110	REF	Payer Claim Identification Number	1		Used
110	REF	Institutional Bill Type Identification	1		Used
110	REF	Medical Record Identification	1		Used
120	DTP	Claim Service Date	1		Used
<b>LOOP ID - 2220D</b>					
180	SVC	Service Line Information	1	≥1	Used

190	STC	Service Line Status Information	1	Used
200	REF	Service Line Item Identification	1	Used
210	DTP	Service Line Date	1	Used
<b>LOOP ID - 2000E</b>				<b>≥1</b>
010	HL	Dependent Level	1	Not Used
040	DMG	Dependent Demographic Information	1	Not Used
<b>LOOP ID - 2100E</b>				<b>1</b>
050	NM1	Dependent Name	1	Not Used
<b>LOOP ID - 2200E</b>				<b>≥1</b>
090	TRN	Claim Submitter Trace Number	1	Not Used
100	STC	Claim Level Status Information	1	Not Used
110	REF	Payer Claim Identification Number	1	Not Used
110	REF	Institutional Bill Type Identification	1	Not Used
110	REF	Medical Record Identification	1	Not Used
120	DTP	Claim Service Date	1	Not Used
<b>LOOP ID - 2220E</b>				<b>≥1</b>
180	SVC	Service Line Information	1	Not Used
190	STC	Service Line Status Information	1	Not Used
200	REF	Service Line Item Identification	1	Not Used
210	DTP	Service Line Date	1	Not Used
270	SE	Transaction Set Trailer	1	Required

**Not Defined:**

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

# ISA

## Interchange Control Header

Loop: N/A

Elements: 16

**User Option (Usage):** Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	<b>Authorization Information Qualifier</b> <b>Description:</b> Code to identify the type of information in the Authorization Information <u>Code</u> <u>Name</u> 00      No Authorization Information Present (No Meaningful Information in I02) 03      Additional Data Identification	M	ID	2/2	Required
ISA02	I02	<b>Authorization Information</b> <b>Description:</b> Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M	AN	10/10	Required
ISA03	I03	<b>Security Information Qualifier</b> <b>Description:</b> Code to identify the type of information in the Security Information <u>Code</u> <u>Name</u> 00      No Security Information Present (No Meaningful Information in I04) 01      Password	M	ID	2/2	Required
ISA04	I04	<b>Security Information</b> <b>Description:</b> This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M	AN	10/10	Required
ISA05	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified <b>Nebraska Medicaid Directive:</b> Code "ZZ" is used. <u>Code</u> <u>Name</u> 01      Duns (Dun & Bradstreet) 14      Duns Plus Suffix 20      Health Industry Number (HIN) 27      Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28      Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29      Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30      U.S. Federal Tax Identification Number 33      National Association of Insurance Commissioners Company Code (NAIC) ZZ      Mutually Defined	M	ID	2/2	Required
ISA06	I06	<b>Interchange Sender ID</b> <b>Description:</b> Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element <b>Nebraska Medicaid Directive:</b> "MMISNEBR" is used.	M	AN	15/15	Required
ISA07	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified	M	ID	2/2	Required

**Nebraska Medicaid Directive:** *The code identified on the Trading Partner Profile is used.*

<u>Code</u>	<u>Name</u>
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

ISA08	I07	<b>Interchange Receiver ID</b>	M	AN	15/15	Required
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**Description:** Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

**Nebraska Medicaid Directive:** *"MMISNEBR" is used.*

ISA09	I08	<b>Interchange Date</b>	M	DT	6/6	Required
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**Description:** Date of the interchange

ISA10	I09	<b>Interchange Time</b>	M	TM	4/4	Required
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**Description:** Time of the interchange

ISA11	I10	<b>Interchange Control Standards Identifier</b>	M	ID	1/1	Required
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**Description:** Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer

**All valid standard codes are used.**

ISA12	I11	<b>Interchange Control Version Number</b>	M	ID	5/5	Required
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**Description:** Code specifying the version number of the interchange control segments

**Nebraska Medicaid Directive:** *"00401" is used.*

<u>Code</u>	<u>Name</u>
00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997

ISA13	I12	<b>Interchange Control Number</b>	M	N0	9/9	Required
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**Description:** A control number assigned by the interchange sender

ISA14	I13	<b>Acknowledgment Requested</b>	M	ID	1/1	Required
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**Description:** Code sent by the sender to request an interchange acknowledgment (TA1)

**All valid standard codes are used.**

ISA15	I14	<b>Usage Indicator</b>	M	ID	1/1	Required
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**Description:** Code to indicate whether data enclosed by this interchange envelope is test, production or information

<u>Code</u>	<u>Name</u>
P	Production Data
T	Test Data

ISA16	I15	<b>Component Element Separator</b>	M		1/1	Required
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**Description:** Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

**GS****Functional Group Header**

Loop: N/A

Elements: 8

**User Option (Usage):** Required

To indicate the beginning of a functional group and to provide control information

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	<b>Functional Identifier Code</b> <b>Description:</b> Code identifying a group of application related transaction sets <b>Nebraska Medicaid Directive:</b> "HN" is used.	M	ID	2/2	Required
		<b>Code</b> <b>Name</b> HN      Health Care Claim Status Notification (277)				
GS02	142	<b>Application Sender's Code</b> <b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners <b>Nebraska Medicaid Directive:</b> The value identified on Trading Partner Profile is used.	M	AN	2/15	Required
GS03	124	<b>Application Receiver's Code</b> <b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners <b>Nebraska Medicaid Directive:</b> "MMISNEBR" is used.	M	AN	2/15	Required
GS04	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD	M	DT	8/8	Required
GS05	337	<b>Time</b> <b>Description:</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	M	TM	4/8	Required
GS06	28	<b>Group Control Number</b> <b>Description:</b> Assigned number originated and maintained by the sender	M	N0	1/9	Required
GS07	455	<b>Responsible Agency Code</b> <b>Description:</b> Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480	M	ID	1/2	Required
		<b>Code</b> <b>Name</b> X      Accredited Standards Committee X12				
GS08	480	<b>Version / Release / Industry Identifier Code</b> <b>Description:</b> Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed	M	AN	1/12	Required
		<b>Code</b> <b>Name</b> 004010X093A1      Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				

**ST****Transaction Set Header**

Loop: N/A

Elements: 2

**User Option (Usage):** Required

To indicate the start of a transaction set and to assign a control number

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	<b>Transaction Set Identifier Code</b> <b>Description:</b> Code uniquely identifying a Transaction Set	M	ID	3/3	Required
		<b>Code</b> <b>Name</b> 277                      Health Care Claim Status Notification				
ST02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

# BHT Beginning of Hierarchical Transaction

Loop: N/A

Elements: 5

**User Option (Usage):** Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

## Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT01	1005	<b>Hierarchical Structure Code</b> <b>Description:</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	M	ID	4/4	Required
		<u>Code</u> <u>Name</u>				
		0010      Information Source, Information Receiver, Provider of Service, Subscriber, Dependent				
BHT02	353	<b>Transaction Set Purpose Code</b> <b>Description:</b> Code identifying purpose of transaction set	M	ID	2/2	Required
		<u>Code</u> <u>Name</u>				
		08      Status				
BHT03	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O	AN	1/30	Required
		<b>Industry:</b> <i>Originator Application Transaction Identifier</i>				
BHT04	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD	O	DT	8/8	Required
		<b>Industry:</b> <i>Transaction Set Creation Date</i>				
BHT06	640	<b>Transaction Type Code</b> <b>Description:</b> Code specifying the type of transaction	O	ID	2/2	Required
		<u>Code</u> <u>Name</u>				
		DG      Response				



**HL****Information Source Level**

Loop: 2000A

Elements: 3

**User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
		<b>Code</b> <b>Name</b> 20                      Information Source				
HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		<b>Code</b> <b>Name</b> 1                      Additional Subordinate HL Data Segment in This Hierarchical Structure.				

**NM1****Payer Name**

Loop: 2100A

Elements: 5

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Code</b> <b>Name</b> PR              Payer	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 2              Non-Person Entity	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name	O	AN	1/35	Required
NM108	66	<b>Industry:</b> <i>Payer Name</i> <b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Nebraska Medicaid Directive:</b> <i>"PI" is used.</i> <b>Code</b> <b>Name</b> PI              Payor Identification	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Payer Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>"NEMEDICAID" is used.</i>	C	AN	2/80	Required

# PER Payer Contact Information

Loop: 2100A

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

## Nebraska Medicaid Directive:

*Used by NE Medicaid when applicable as specified in the Implementation Guide.*

### Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	<b>Contact Function Code</b> <b>Description:</b> Code identifying the major duty or responsibility of the person or group named <u>Code</u> <u>Name</u> IC      Information Contact	M	ID	2/2	Required
PER02	93	<b>Name</b> <b>Description:</b> Free-form name <b>Industry:</b> <i>Payer Contact Name</i>	O	AN	1/60	Situational
PER03	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number <b>Nebraska Medicaid Directive:</b> <i>"TE" is used.</i> <u>Code</u> <u>Name</u> TE      Telephone	C	ID	2/2	Required
PER04	364	<b>Communication Number</b> <b>Description:</b> Complete communications number including country or area code when applicable <b>Nebraska Medicaid Directive:</b> <i>Medicaid Inquiry Phone Numbers (877) 255-3092 or (402) 471-9128 are used.</i>	C	AN	1/80	Required
PER05	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number <u>Code</u> <u>Name</u> EX      Telephone Extension	C	ID	2/2	Not used
PER06	364	<b>Communication Number</b> <b>Description:</b> Complete communications number including country or area code when applicable	C	AN	1/80	Not used
PER07	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number <u>Code</u> <u>Name</u> EX      Telephone Extension FX      Facsimile	C	ID	2/2	Not used
PER08	364	<b>Communication Number</b> <b>Description:</b> Complete communications number including country or area code when applicable	C	AN	1/80	Not used

**HL****Information Receiver Level**

Loop: 2000B

Elements: 4

**User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	<b>Code</b> <b>Name</b> 21                      Information Receiver	O	ID	1/1	Required
		<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described				
		<b>Code</b> <b>Name</b> 1                      Additional Subordinate HL Data Segment in This Hierarchical Structure.				

**NM1****Information Receiver Name**

Loop: 2100B

Elements: 9

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Code</b> <b>Name</b> 41      Submitter	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 1      Person 2      Non-Person Entity	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> <i>Information Receiver Last or Organization Name</i>	O	AN	1/35	Required
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> <i>Information Receiver First Name</i>	O	AN	1/25	Situational
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> <i>Information Receiver Middle Name</i>	O	AN	1/25	Situational
NM106	1038	<b>Name Prefix</b> <b>Description:</b> Prefix to individual name <b>Industry:</b> <i>Information Receiver Name Prefix</i>	O	AN	1/10	Situational
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> <i>Information Receiver Name Suffix</i>	O	AN	1/10	Situational
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Nebraska Medicaid Directive:</b> <i>"46" is used.</i> <b>Code</b> <b>Name</b> FI      Federal Taxpayer's Identification Number	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Information Receiver Identification Number</i> <b>Nebraska Medicaid Directive:</b> <i>This is your four-digit submitter identification number.</i>	C	AN	2/80	Required

**HL****Service Provider Level**

Loop: 2000C

Elements: 4

**User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		<b>Code</b> <b>Name</b> 19                          Provider of Service				
		<b>Code</b> <b>Name</b> 1                            Additional Subordinate HL Data Segment in This Hierarchical Structure.				

# NM1

## Provider Name

Loop: 2100C

Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

### Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Code</b> <b>Name</b> 1P      Provider	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 1      Person 2      Non-Person Entity	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> <i>Provider Last or Organization Name</i> <b>Nebraska Medicaid Directive:</b> <i>Nebraska Medicaid will send the entire provider name in NM103.</i>	O	AN	1/35	Required
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> <i>Provider First Name</i>	O	AN	1/25	Not used
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> <i>Provider Middle Name</i>	O	AN	1/25	Not used
NM106	1038	<b>Name Prefix</b> <b>Description:</b> Prefix to individual name <b>Industry:</b> <i>Provider Name Prefix</i>	O	AN	1/10	Not used
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> <i>Provider Name Suffix</i>	O	AN	1/10	Not used
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Nebraska Medicaid Directive:</b> <i>"SV" is used.</i> <b>Code</b> <b>Name</b> SV      Service Provider Number	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Provider Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>The 11-digit NE Medicaid Provider ID number assigned by the State of Nebraska will be returned.</i>	C	AN	2/80	Required

**HL****Subscriber Level****Loop: 2000D****Elements: 4****User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	<b>Code</b> <b>Name</b> 22                          Subscriber	O	ID	1/1	Required
		<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described <b>Nebraska Medicaid Directive:</b> "0" is used since dependent claim level segments are not provided. <b>Code</b> <b>Name</b> 0                              No Subordinate HL Segment in This Hierarchical Structure.				



# DMG Subscriber Demographic Information

Loop: 2000D

Elements: 3

**User Option (Usage):** Situational

To supply demographic information

**Nebraska Medicaid Directive:***Used by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		<b>Code</b> <b>Name</b> D8      Date Expressed in Format CCYYMMDD				
DMG02	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Required
		<b>Industry:</b> <i>Subscriber Birth Date</i> <b>Nebraska Medicaid Directive:</b> <i>The recipient birth date on file with NE Medicaid will be returned when available.</i>				
DMG03	1068	<b>Gender Code</b> <b>Description:</b> Code indicating the sex of the individual	O	ID	1/1	Required
		<b>Industry:</b> <i>Subscriber Gender Code</i> <b>Nebraska Medicaid Directive:</b> <i>The recipient gender on file with NE Medicaid will be returned when available. "U" will be used to indicate "unborn" status.</i>				
		<b>Code</b> <b>Name</b> F      Female M      Male U      Unknown				

**NM1****Subscriber Name**

Loop: 2100D

Elements: 9

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Nebraska Medicaid Directive:</b> "QC" is used.	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> QC                          Patient				
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Nebraska Medicaid Directive:</b> "1" is used.	M	ID	1/1	Required
		<b>Code</b> <b>Name</b> 1                            Person				
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> Subscriber Last Name <b>Nebraska Medicaid Directive:</b> The recipient name on file with NE Medicaid will be returned when available. If applicable, and if on file, the suffix will be returned with the name.	O	AN	1/35	Required
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> Subscriber First Name <b>Nebraska Medicaid Directive:</b> The recipient name on file with NE Medicaid will be returned when available.	O	AN	1/25	Situational
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> Subscriber Middle Name <b>Nebraska Medicaid Directive:</b> The recipient name on file with NE Medicaid will be returned.	O	AN	1/25	Situational
NM106	1038	<b>Name Prefix</b> <b>Description:</b> Prefix to individual name <b>Industry:</b> Subscriber Name Prefix	O	AN	1/10	Not used
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> Subscriber Name Suffix	O	AN	1/10	Not used
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Nebraska Medicaid Directive:</b> "MI" is used.	C	ID	1/2	Required
		<b>Code</b> <b>Name</b> MI                          Member Identification Number				
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> Subscriber Identifier <b>Nebraska Medicaid Directive:</b> The 11-digit NE Medicaid assigned Recipient ID number will be returned.	C	AN	2/80	Required

# TRN Claim Submitter Trace Number

Loop: 2200D

Elements: 2

**User Option (Usage):** Situational

To uniquely identify a transaction to an application

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

### Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN01	481	<b>Trace Type Code</b> <b>Description:</b> Code identifying which transaction is being referenced	M	ID	1/2	Required
		<b>Code</b> <b>Name</b> 2      Referenced Transaction Trace Numbers				
TRN02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required
		<b>Industry:</b> <i>Trace Number</i>				

**STC****Claim Level Status Information**

Loop: 2200D

Elements: 10

**User Option (Usage):** Required

To report the status, required action, and paid information of a claim or service line

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
STC01	C043	<b>Health Care Claim Status</b> <b>Description:</b> Used to convey status of the entire claim or a specific service line	M	Comp		Required
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> <i>Health Care Claim Status Category Code</i> <b>Nebraska Medicaid Directive:</b> <i>The following codes will be reported in STC01-1:</i>  <i>A2      Used when the submitted claim has been received by the State of Nebraska Medicaid but has not been through an adjudication cycle.</i>  <i>A4      Used when the requested claim can not be found on the State of Nebraska Medicaid claims system.</i>  <i>P1      Used when the claim is still in the adjudication process, and is waiting for the next adjudication cycle to run.</i>  <i>P2      Used when a claim that was previously finalized is in the adjudication process due to an adjustment.</i>  <i>F0      Used when the requested claim contained errors and the claim has been 'deleted' from the claims adjudication system.</i>  <i>F1      Used when the claim has completed adjudication and has resulted in a payment for the services billed on the claim.</i>  <i>F2      Used when the claim has completed adjudication and has not resulted in a payment for the services billed on the claim.</i>  <i>F3      Used when the claim has been processed as an adjustment to a previously submitted claim.</i> <b>ExternalCodeList</b> <b>Name:</b> 507	M	AN	1/30	Required
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> <i>Health Care Claim Status Code</i> <b>Nebraska Medicaid Directive:</b> <i>When a service line is in a 'P1' or 'P2' status, the health care claim status code will contain values that give an indication of the types of errors that are preventing the claim from</i>	M	AN	1/30	Required

completing adjudication. Nebraska Medicaid will return up to three health care claim status codes for each claim.

**ExternalCodeList**

**Name:** 508

**Description:** Health Care Claim Status Code

98	<b>Entity Identifier Code</b>	O	ID	2/3	Not used
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**Description:** Code identifying an organizational entity, a physical location, property or an individual

**Nebraska Medicaid Directive:** Nebraska Medicaid does not support claim status response at the entity identifier code level. STC01-3 will not be sent on a claim status response.

**Date**

**Description:** Date expressed as CCYYMMDD

**Industry:** Status Information Effective Date

STC02	373	<b>Date</b>	O	DT	8/8	Not used
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**Monetary Amount**

**Description:** Monetary amount

**Industry:** Total Claim Charge Amount

STC04	782	<b>Monetary Amount</b>	O	R	1/18	Required
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**Monetary Amount**

**Description:** Monetary amount

**Industry:** Claim Payment Amount

**Nebraska Medicaid Directive:** The actual claim payment amount, or \$0.00 if the claim has not been paid, will be reported.

STC05	782	<b>Monetary Amount</b>	O	R	1/18	Required
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**Date**

**Description:** Date expressed as CCYYMMDD

**Industry:** Adjudication or Payment Date

**Nebraska Medicaid Directive:** The most recent adjudication date as of the response date will be reported.

STC06	373	<b>Date</b>	O	DT	8/8	Situational
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**Payment Method Code**

**Description:** Code identifying the method for the movement of payment instructions

**Nebraska Medicaid Directive:** Nebraska Medicaid will only send 'ACH' or 'CHK' in this segment.

**Code**

**Name**

ACH Automated Clearing House (ACH)

CHK Check

STC08	373	<b>Date</b>	O	DT	8/8	Situational
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**Date**

**Description:** Date expressed as CCYYMMDD

**Industry:** Check Issue or EFT Effective Date

**Nebraska Medicaid Directive:** The date of the last adjudication as of the response date will be reported.

**Check Number**

**Description:** Check identification number

**Industry:** Check or EFT Trace Number

STC09	429	<b>Check Number</b>	O	AN	1/16	Situational
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**Health Care Claim Status**

**Description:** Used to convey status of the entire claim or a specific service line

**Industry Code**

**Description:** Code indicating a code from a specific industry code list

**Industry:** Health Care Claim Status Category Code

**Nebraska Medicaid Directive:** Nebraska Medicaid will send the same claim status category code for three occurrences of category code, when provided.

**ExternalCodeList**

**Name:** 507

**Description:** Health Care Claim Status Category Code

**Industry Code**

**Description:** Code indicating a code from a specific industry code list

**Industry:** Health Care Claim Status Code

**ExternalCodeList**

**Name:** 508

1271	<b>Health Care Claim Status</b>	M	AN	1/30	Required
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STC11	98	<b>Description:</b> Health Care Claim Status Code <b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual	O	ID	2/3	Not used
	C043	<b>Health Care Claim Status</b> <b>Description:</b> Used to convey status of the entire claim or a specific service line	O	Comp		Situational
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> <i>Health Care Claim Status Category Code</i> <b>ExternalCodeList</b> <b>Name:</b> 507	M	AN	1/30	Required
	1271	<b>Description:</b> Health Care Claim Status Category Code <b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> <i>Health Care Claim Status Code</i> <b>ExternalCodeList</b> <b>Name:</b> 508	M	AN	1/30	Required
	98	<b>Description:</b> Health Care Claim Status Code <b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual	O	ID	2/3	Not used

**REF****Payer Claim Identification  
Number**

Loop: 2200D

Elements: 2

**User Option (Usage):** Situational

To specify identifying information

**Nebraska Medicaid Directive:***Used by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> 1K      Payor's Claim Number				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Payer Claim Control Number</i> <b>Nebraska Medicaid Directive:</b> <i>The NE Medicaid claim number is returned.</i>	C	AN	1/30	Required

# REF Institutional Bill Type Identification

Loop: 2200D

Elements: 2

**User Option (Usage):** Situational

To specify identifying information

**Nebraska Medicaid Directive:***Used by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> BLT      Billing Type				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Bill Type Identifier</i> <b>Nebraska Medicaid Directive:</b> <i>The Bill Type Identifier will only be provided on institutional claims.</i>	C	AN	1/30	Required



# REF Medical Record Identification

Loop: 2200D

Elements: 2

User Option (Usage): Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Used by NE Medicaid when applicable as specified in the Implementation Guide.*

### Element Summary:

Element Summary:						
<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
REF02	127	<u>Code</u>				
		<u>Name</u>				
		EA	Medical Record Identification Number			
		<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Medical Record Number <b>Nebraska Medicaid Directive:</b> The Medical Record Number will be the number submitted on the 837I and 837P claim transactions. Nebraska Medicaid will also return the prescription number, when available from a drug claim.	C	AN	1/30	Required

# DTP Claim Service Date

Loop: 2200D

Elements: 3

**User Option (Usage):** Situational

To specify any or all of a date, a time, or a time period

## Nebraska Medicaid Directive:

*Used by NE Medicaid when applicable as specified in the Implementation Guide.*

### Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> <i>Date Time Qualifier</i>	M	ID	3/3	Required
DTP02	1250	<b>Code</b> <b>Name</b> 232      Claim Statement Period Start <b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
DTP03	1251	<b>Code</b> <b>Name</b> RD8      Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD <b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> <i>Claim Service Period</i>	M	AN	1/35	Required

# SVC Service Line Information

Loop: 2220D

Elements: 5

User Option (Usage): Situational

To supply payment and control information to a provider for a particular service

## Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SVC01	C003	<b>Composite Medical Procedure Identifier</b> <b>Description:</b> To identify a medical procedure by its standardized codes and applicable modifiers	M	Comp		Required
	235	<b>Product/Service ID Qualifier</b> <b>Description:</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234) <b>Industry: Product or Service ID Qualifier</b> <b>Nebraska Medicaid Directive:</b> Only the following codes will be reported: AD, HC, IV, ND and NU.	M	ID	2/2	Required
		<b>Code</b> <b>Name</b> AD      American Dental Association Codes HC      Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ND      National Drug Code (NDC) NU      National Uniform Billing Committee (NUBC) UB92 Codes				
	234	<b>Product/Service ID</b> <b>Description:</b> Identifying number for a product or service <b>Industry: Service Identification Code</b>	M	AN	1/48	Required
		<b>ExternalCodeList</b> <b>Name:</b> 130 <b>Description:</b> Health Care Financing Administration Common Procedural Coding System				
		<b>ExternalCodeList</b> <b>Name:</b> 132 <b>Description:</b> National Uniform Billing Committee (NUBC) Codes				
		<b>ExternalCodeList</b> <b>Name:</b> 134 <b>Description:</b> National Drug Code				
		<b>ExternalCodeList</b> <b>Name:</b> 135 <b>Description:</b> American Dental Association Codes				
		<b>ExternalCodeList</b> <b>Name:</b> 240 <b>Description:</b> National Drug Code by Format				
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
	1339	<b>Procedure Modifier</b> <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
SVC02	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount	M	R	1/18	Required

SVC03	782	<b>Industry:</b> <i>Line Item Charge Amount</i> <b>Monetary Amount</b> <b>Description:</b> Monetary amount	O	R	1/18	Required
SVC04	234	<b>Industry:</b> <i>Line Item Provider Payment Amount</i> <b>Nebraska Medicaid Directive:</b> <i>A zero amount will be reported when the claim has not been paid.</i> <b>Product/Service ID</b> <b>Description:</b> Identifying number for a product or service	O	AN	1/48	Situational
SVC07	380	<b>Industry:</b> <i>Revenue Code</i> <b>ExternalCodeList</b> <b>Name:</b> 132 <b>Description:</b> National Uniform Billing Committee (NUBC) Codes <b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> <i>Original Units of Service Count</i>	O	R	1/15	Situational

**STC****Service Line Status Information**

Loop: 2220D

Elements: 6

**User Option (Usage):** Situational

To report the status, required action, and paid information of a claim or service line

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
STC01	C043	<b>Health Care Claim Status</b> <b>Description:</b> Used to convey status of the entire claim or a specific service line	M	Comp		Required
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> <i>Health Care Claim Status Category Code</i> <b>Nebraska Medicaid Directive:</b> <i>Nebraska Medicaid will use the following values in STC01-1:</i>  <i>A2      Used when the submitted claim has been received by the State of Nebraska Medicaid but has not been through an adjudication cycle.</i>  <i>A4      Used when the requested claim can not be found on the State of Nebraska Medicaid claims system.</i>  <i>P1      Used when the claim is still in the adjudication process, and is waiting for the next adjudication cycle to run.</i>  <i>P2      Used when a claim that was previously finalized is in the adjudication process due to an adjustment.</i>  <i>F0      Used when the requested claim contained errors and the claim has been 'deleted' from the claims adjudication system.</i>  <i>F1      Used when the service line has completed adjudication and has resulted in a payment for the services billed on the service line.</i>  <i>F2      Used when the service line has completed adjudication and has not resulted in a payment for the services billed on the service line.</i>  <i>F3      Used when the claim has been processed as an adjustment to a previously submitted claim.</i> <b>ExternalCodeList</b> <b>Name:</b> 507	M	AN	1/30	Required
	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> <i>Health Care Claim Status Code</i> <b>Nebraska Medicaid Directive:</b> <i>When a service line is in a 'P1' or 'P2' status, the health care claim status code will contain values that give an indication of the types of errors that are preventing the service line</i>	M	AN	1/30	Required

from completing adjudication. Nebraska Medicaid will return up to three health care claim status codes for each service line.

**ExternalCodeList**

**Name:** 508

**Description:** Health Care Claim Status Code

98	<b>Entity Identifier Code</b>	O	ID	2/3	Not used
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**Description:** Code identifying an organizational entity, a physical location, property or an individual

STC02	373	<b>Date</b>	O	DT	8/8	Required
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**Description:** Date expressed as CCYYMMDD

**Industry:** Status Information Effective Date

STC04	782	<b>Monetary Amount</b>	O	R	1/18	Situational
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**Description:** Monetary amount

**Industry:** Line Item Charge Amount

STC05	782	<b>Monetary Amount</b>	O	R	1/18	Situational
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**Description:** Monetary amount

**Industry:** Line Item Provider Payment Amount

STC10	C043	<b>Health Care Claim Status</b>	O	Comp		Situational
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**Description:** Used to convey status of the entire claim or a specific service line

1271	<b>Industry Code</b>	M	AN	1/30	Required
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**Description:** Code indicating a code from a specific industry code list

**Industry:** Health Care Claim Status Category Code

**ExternalCodeList**

**Name:** 507

**Description:** Health Care Claim Status Category Code

1271	<b>Industry Code</b>	M	AN	1/30	Required
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**Description:** Code indicating a code from a specific industry code list

**Industry:** Health Care Claim Status Code

**ExternalCodeList**

**Name:** 508

**Description:** Health Care Claim Status Code

98	<b>Entity Identifier Code</b>	O	ID	2/3	Not Used
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**Description:** Code identifying an organizational entity, a physical location, property or an individual

STC11	C043	<b>Health Care Claim Status</b>	O	Comp		Situational
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**Description:** Used to convey status of the entire claim or a specific service line

1271	<b>Industry Code</b>	M	AN	1/30	Required
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**Description:** Code indicating a code from a specific industry code list

**Industry:** Health Care Claim Status Category Code

**ExternalCodeList**

**Name:** 507

**Description:** Health Care Claim Status Category Code

1271	<b>Industry Code</b>	M	AN	1/30	Required
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**Description:** Code indicating a code from a specific industry code list

**Industry:** Health Care Claim Status Code

**ExternalCodeList**

**Name:** 508

**Description:** Health Care Claim Status Code

98	<b>Entity Identifier Code</b>	O	ID	2/3	Not used
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**Description:** Code identifying an organizational entity, a physical location, property or an individual

# REF Service Line Item Identification

Loop: 2220D

Elements: 2

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Used by NE Medicaid when applicable as specified in the Implementation Guide.*

### Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> FJ      Line Item Control Number				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> <i>Line Item Control Number</i> <b>Nebraska Medicaid Directive:</b> <i>The claim line number assigned by NE Medicaid will be returned.</i>	C	AN	1/30	Required

# DTP Service Line Date

Loop: 2220D

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

## Nebraska Medicaid Directive:

*Used by NE Medicaid when applicable as specified in the Implementation Guide.*

### Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> <i>Date Time Qualifier</i>	M	ID	3/3	Required
		<b>Code</b> <b>Name</b> 472      Service				
DTP02	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format <b>Code</b> <b>Name</b> RD8      Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	M	ID	2/3	Required
DTP03	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> <i>Service Line Date</i>	M	AN	1/35	Required



**SE****Transaction Set Trailer**

Loop: N/A

Elements: 2

**User Option (Usage):** Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	<b>Number of Included Segments</b> <b>Description:</b> Total number of segments included in a transaction set including ST and SE segments <b>Industry:</b> <i>Transaction Segment Count</i>	M	N0	1/10	Required
SE02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

**GE****Functional Group Trailer**

Loop: N/A

Elements: 2

**User Option (Usage):** Required

To indicate the end of a functional group and to provide control information

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	<b>Number of Transaction Sets Included</b> <b>Description:</b> Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	<b>Group Control Number</b> <b>Description:</b> Assigned number originated and maintained by the sender	M	N0	1/9	Required

**IEA****Interchange Control Trailer**

Loop: N/A

Elements: 2

**User Option (Usage):** Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

**Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	<b>Number of Included Functional Groups</b> <b>Description:</b> A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	<b>Interchange Control Number</b> <b>Description:</b> A control number assigned by the interchange sender	M	N0	9/9	Required